

## Two-pronged legislation aims to boost supply of public health workers in U.S.

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Everyday, we see new reports of emerging trends and illnesses that threaten our health and well-being. News stories appear almost daily in our papers warning us of the rise in staph infections, TB, sexually transmitted diseases, and more. When these concerns arise, our public health workforce is there to help keep us safe and healthy.

Today, we have a crisis in this vital workforce. Nearly one quarter of public health workers will be eligible for retirement over the next five years. And even as these professionals exit the ranks of the workforce, too few graduates are available to replace them.

We cannot afford these shortages. The public health workforce is the bedrock of our emergency preparedness. We must improve the recruitment and retention rates of public health professionals. Without them, we are vulnerable.

It is clear that we must rebuild the public health workforce through multiple avenues. I recently introduced the Public Health Preparedness Workforce Development Act of 2008 to address this pressing need. This legislation will strengthen our public health workforce, allowing us to ensure that we will continue to be ready to handle any threat to our public health.

First, it authorizes scholarships for public health students who agree to enter into public health professions after graduation. Many well-trained graduates opt for higher-paying jobs in the private sector. For our public health system to prosper, we need to continue to attract the best and the brightest people to populate the field.

We also must retain the graduates that we already have in the public health field. To that end, my bill creates a loan repayment program. This will help current public health workers repay student loans that they incurred. It will help put a stop to public health professionals leaving the workforce for more lucrative jobs elsewhere.

In the year 2000, there were 50,000 fewer public health workers than in 1980. This trend must be reversed. Right now, we are losing valuable institutional knowledge and expertise.

No one can navigate his or her career path alone; we are all dependent on mentors and senior practitioners in our respective fields. But we are losing these mentors fast, and there are fewer graduates for them to take under their wing.

Therefore, my bill authorizes mid-career training scholarships. These will encourage talented members to stay in the field and become the leaders for the next generation of workers. In a field that is so dynamic, this kind of mid-career training and education is crucial.

This legislation will retain valuable experience by supporting opportunities for professional development.. It will allow for a more flexible and well-informed workforce.

One way to do this is to ensure that schools of public health work more closely with public health agencies. That is why

we need grants to create academic health departments--partnerships between these schools and the public health agencies in their communities.

This concept, pioneered at UCLA, will provide public health agencies with a source of fresh labor. Students working in academic public health departments can help reinvigorate the workforce, even as they learn about their craft. More importantly, this new program will expose students to the benefits of a career in public health.

We must have a solution that will address this issue now, before we are faced with an unmanageable health risk. Our predecessors had the vision to invest in the public health workforce; it is now our job to preserve this vital component of our national health and well-being.

We also face new threats that they could not anticipate. The tasks for this community are growing, with new disease threats, the specter of terrorism, and the public health risks introduced by climate change. The increased risk of hurricanes, floods, droughts and heat waves, as well as changing disease ranges and population migration, will all add to the task of public health professionals.

Last week was National Public Health Week, during which we recognized the potential impacts climate change will inevitably have on our public health.

Public health interventions and planning, when undertaken in a proactive manner, benefit not only the health of all Americans, but protect us from costly expenditures that could have been avoided. Tracking and preventing outbreaks of diseases like E. coli or pandemic flu is much cheaper than treating the sick in emergency rooms and doctors' offices. Educating the public about the risk factors of obesity is more effective than managing diabetes and heart disease after these diseases strike. Establishing and updating community bioterrorism response plans is cheaper-and safer-than pandemonium following an outbreak.

Strengthening and growing our public health workforce is but one way that we can achieve this vision of a stronger and healthier future.